

OFFICE USE ONLY	
Cert #	_____
Document Control #	_____
By	_____

**VITAL STATISTICS**

OFFICE USE ONLY	
Remit No.	_____
Date	_____
By	_____

**APPLICATION FOR
ELECTION IDENTIFICATION BIRTH CERTIFICATE**

PLEASE PRINT AND INCLUDE VALID PHOTO ID

Full Name of Registrant	First Name	Middle Name		Last Name
Date of Birth	Month	Day	Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Place of Birth	City or Town	County		State
Full Name of Father	First Name	Middle Name		Last Name
Full Maiden Name of Mother	First Name	Middle Name		Maiden Name

YOUR NAME: _____ TELEPHONE: (____) _____ - _____
 (MON-FRI 8:00-5:00)

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

By checking this box, you swear that the use of this Election Identification Birth Certificate is needed to obtain an Election Identification Card issued by the Department of Public Safety. The certificate cannot be used for any other purpose.



WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

**APPLICATIONS WITHOUT PHOTO IDENTIFICATION WILL
NOT BE PROCESSED**

Your Signature _____ Date of Application _____

Rec'd _____ Date _____

VS-141(EIC) REV. 10/2013

Exhibit 113FaircliffDate 5/9/14

Melody Campbell, CSR

**2:13-cv-193
09/02/2014**

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